

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 150  
Registered No. 407

### 1. PLACE OF BIRTH

County Hila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 715 Church Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marcial Udabe  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth Sept. 16-1928  
Month Day Year

8. FATHER Full name Marcial Udabe 14. MOTHER Full maiden name Inez Lugo

9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race Mex 16. Color or race Mex  
11. Age at last birthday 26 (Years) 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Jalisco, Mex. 18. Birthplace (city or place) Chihuahua, Mex.  
(State or country)

13. Occupation Nature of industry Miner 19. Occupation Nature of industry Housewife

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child).  
(a) Born alive and now living 4  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum. yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:30 a.m. on the date above stated.  
(Born alive or stillborn)

Signature Cyril M. Brown Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_

Registrar. \_\_\_\_\_ Filed Sept 15, 1928 Registrar. C. E. Dwyer

445-916-936